2002 UNIFORM BUSIN	ESS REPORT (UBR)
--------------------	------------------

DOCUMENT # B9800000273 1. Entity Name						1	<u> </u>		
WYNNTON DEVELOPMENT (SABAL), L.P.					FILED				
Principal Place of Business Mailing Address 1430 WYNNTON ROAD 1430 WYNNTON ROAD COLUMBUS GA 31906 COLUMBUS GA 31906				2 APR 16 ECRETARY LLAHASSE	OF STATE	0214			
Principal Place of Business 3. Mailing Address				- 	1 3 13	1/11 56 1/ 7 1/ 8 /1 1 /66/ 11/1 1 66 /			
Suite, Apt. #, etc. Suite, Apt. #, etc.			C.		DUE BY MAY 1, 2002				
City & State			City & State			4. FEI Numbe	58-2386931	Applied For Not Applicable	
Zip			Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current Registered Agent Na					7. Name and Address of New Registered Agent Name			
TARKOW, STÂNLEY A ESQ. C/O WYNNTON GROUP, INC.				Street Address (P.O. Box Number is Not Acceptable)					
511 BAY TAMPA F	STREET, SU	JITE 309							
			_		City				
8. The above	e named entity	submits this statement f	or the purpose of chan	ging its registere	ed office or register	ed agent, or both	n, in the State of Florida.		
SIGNATURE	Signature, typed	or printed name of registered agen				·	DATE		
9. Capital Contributions as Shown on record. \$99.00 in FLORIDA to date.						11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A G NOTE:	General Partners Ma	AY NOT be change	SS ENTITY M d on the form	UST BE REGIST ; an amendmen	TERED AND A	CTIVE WITH THIS OFFICE I to change a general part	ner.	
12. GENERAL PARTNER INFORMATION 13. DOCUMENT # M98000000427				ET ADDRESS		ADDRESS CHANGES ONL			
NAME STREET ADDRESS CITY-ST-ZIP	1430 WYN	I DEVELOPMENT SUB INTON ROAD IS GA 31906	шс		-ST-ZIP	ALV			
DOCUMENT #				STRE	ET ADDRESS			CR2E003 (9/01)	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP				
DOCUMENT # NAME				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	90	0 0005313 (-04/22/0201	5298 1074015	
DOCUMENT # NAME			- · · · · · · · · · · · · · · · · · · ·	STRE	ET ADDRESS			****141.25	
STREET ADDRESS City-St-Zip				CITY-	-ST-ZIP				
DOCUMENT # NAME 🚉 STREET;ADDRESS				STREE	ET ADDRESS				
CITY-ST-ZIP				CITY-	ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DOCUMENT #				STREE	ET ADDRESS		.,,		
STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes By: Work by June 19 19 19 19 19 19 19 19 19 19 19 19 19									
SIGNATURE: JAMES LANGE OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date									